

STATE PROCUREMENT OFFICE
NOTICE OF PROTEST
CHAPTER 103F, HRS
PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____ _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS RFP No. _____	<input type="checkbox"/> Restrictive POS RH No. _____
Description of Health and Human Service Procured: 	

GROUND'S FOR PROTEST	
Brief description of grounds/reasons for protest: <i>(Check any or all that apply and provide a brief statement of the grounds for the protest)</i>	
<input type="checkbox"/>	Purchasing Agency failed to follow procedures and/or requirements established by Chapter 103F-_____, Hawaii Revised Statutes. <i>(Enter appropriate section)</i>
<input type="checkbox"/>	Purchasing Agency failed to follow procedures and/or requirements established by Section 3-_____, Hawaii Administrative Rules. <i>(Enter appropriate section)</i>
<input type="checkbox"/>	Purchasing Agency failed to follow procedures and/or requirements established by request for proposals (RFP)_____. <i>(Enter appropriate section and page no. of RFP)</i>
Brief statement of grounds for protest: 	

CERTIFICATION BY PROTESTOR	
I declare, under penalty of perjury that all facts contained in this notice of protest are true and correct to the best of my knowledge.	
_____ <i>(Authorized official's signature)</i>	_____ <i>(Typed/printed name of authorized official)</i>
_____ <i>(Date)</i>	_____ <i>(Authorized official's position)</i>

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
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	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Requestor <input type="checkbox"/>	<input type="checkbox"/>

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS RFP No. _____	<input type="checkbox"/> Restrictive POS RH No. _____
Description of Health and Human Service Procured:	

REQUEST

Pursuant to Section 3-148-502, HAR, request is made for the following information:

To coordinate transmittal of your response, please contact:

_____ at _____
(Name of contact person) (Phone number)

STATE PROCUREMENT OFFICE
RESPONSE TO REQUEST FOR CLARIFICATION
CHAPTER 103F, HRS
PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Responder <input type="checkbox"/>	<input type="checkbox"/>

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS	<input type="checkbox"/> Restrictive POS
RFP No. _____	RH No. _____
Description of Health and Human Service Procured: _____	

Response to Request
Pursuant to Section 3-148-502, HAR, the following attachment(s) are submitted in response to the request for information:

CERTIFICATION	
I declare, under penalty of perjury that all information provided is true and correct to the best of my knowledge.	
_____ <i>(Responders signature)</i>	_____ <i>(Typed/printed name of responder)</i>
_____ <i>(Date)</i>	_____ <i>(Responder's position)</i>

STATE PROCUREMENT OFFICE
PROTEST
CHAPTER 103F, HRS
PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____ _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS	<input type="checkbox"/> Restrictive POS
RFP No. _____	RH No. _____
Description of Health and Human Service Procured: 	

ATTACHMENTS	
<input type="checkbox"/> Attachment A: Statement of Facts and Argument (Reasons for Protest)	
<input type="checkbox"/> Attachments B-1 to B-_____: Evidence to Support the Statement of Facts or Argument (as needed)	

RELIEF REQUESTED PURSUANT TO CHAPTER 148, HAR	
<input type="checkbox"/>	Cancel the RFP or rescind approval of restrictive purchase of service
<input type="checkbox"/>	Amend RFP as provided in "ARGUMENT" and reissue RFP
<input type="checkbox"/>	Terminate awarded contract
<input type="checkbox"/>	Re-evaluate proposals
<input type="checkbox"/>	Re-procure necessary services under a new competitive purchase of service (RFP)
<input type="checkbox"/>	Declare awarded contract null and void

CERTIFICATION BY PROTESTOR	
I declare, under penalty of perjury that all facts contained in this protest are true and correct to the best of my knowledge, and that the documents attached hereto as Exhibits B1 to B-____ are true and correct copies of the originals.	
_____ <i>(Authorized official's signature)</i>	_____ <i>(Typed/printed name of authorized official)</i>
_____ <i>(Date)</i>	_____ <i>(Authorized official's position)</i>

STATE PROCUREMENT OFFICE
PROTEST REPLY
CHAPTER 103F, HRS
PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____	Division: _____
_____	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS	<input type="checkbox"/> Restrictive POS
RFP No. _____	RH No. _____
Description of Health and Human Service Procured: _____	

REPLY BY PROVIDER
Pursuant to Section 3-148-305, HAR, the attached is submitted in reply to the state agency's response to the formal protest:

_____ <i>(Signature of authorized official)</i>	_____ <i>(Typed/printed name of authorized official)</i>
_____ <i>(Date)</i>	_____ <i>(Authorized official's position)</i>

STATE PROCUREMENT OFFICE
REQUEST FOR RECONSIDERATION OF A PROTEST
CHAPTER 103F, HRS
PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____ _____	Division: _____
	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS	<input type="checkbox"/> Restrictive POS
RFP No. _____	RH No. _____
Description of Health and Human Service Procured: _____	

REQUEST
To the Chief Procurement Officer:
Pursuant to Section 3-148-401, HAR, request for reconsideration of the decision of the head of the state purchasing agency in the above-referenced matter is hereby made.
The decision of the head of the purchasing agency was received on _____ <i>(Date)</i>
Reconsideration of decision of the head of the state purchasing agency is necessary because:
<input type="checkbox"/> factual determinations made by the head of the state purchasing agency were clearly erroneous; and/or
<input type="checkbox"/> the head of the state purchasing agency erroneously interpreted the applicable law.
Argument regarding the reasons supporting this request for reconsideration is attached as Exhibit A.
Copies of the Scheduling Order, Protest, Answer, Reply, and Decision (if any) together with all supporting exhibits and materials are attached as Exhibit B.

CERTIFICATION	
I declare, under penalty of perjury, that all the representations contained in this request for reconsideration are true and correct to the best of my knowledge, and that the documents attached hereto as Exhibit A& B are true and correct copies of the originals.	
_____ <i>(Authorized official's signature)</i>	_____ <i>(Typed/printed name of authorized official)</i>
_____ <i>(Date)</i>	_____ <i>(Authorized official's position)</i>